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## Fax Memo

**TO:** Mail Stop Amendment  
USPTO

**FAX NO.:** (571) 273-8300

**FROM:** Terry W. Kramer  
KRAMER & AMADO, P.C.

**DATE:** December 4, 2006

**SUBJECT:** U.S. Patent Application  
Title: AFFECTIVE TELEVISION MONITORING AND  
CONTROL IN RESPONSE TO PHYSIOLOGICAL DATA  
Serial No.: 10/014,179  
Attorney Docket No.: US 010588

**PAGES:** INCLUDING COVER PAGE (23)

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**Message:** Submitted herewith are the following:

- Transmittal (1 page)
- Fee Transmittal with duplicate (2 pages)
- Credit Card Form with duplicate (2 pages)
- Petition for Extension of Time with duplicate (2 pages)
- Amendment Under 37 C.F.R. §1.111 (15 pages)

In the event that the fees submitted herewith are insufficient, please charge any remaining balance, or credit any overpayment, to our Deposit Account Number 50-0578.

PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	10/014,179
Filing Date	November 13, 2001
First Named Inventor	Nevenka Dimitrova, et al.
Art Unit	2623
Examiner Name	Christopher M. Lambrecht
Total Number of Pages In This Submission	22
Attorney Docket Number	US 010588

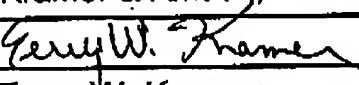
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## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kramer & Amado, P.C.		
Signature			
Printed name	Terry W. Kramer		
Date	December 4, 2006	Reg. No.	41,541

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Moira Anderson	Date	

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **450.00**

<i>Complete if Known</i>	
Application Number	10/014,179
Filing Date	November 13, 2001
First Named Inventor	Nevenka Dimitrova, et al.
Examiner Name	Christopher M. Lambrecht
Art Unit	2623
Attorney Docket No.	US 010588

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**METHOD OF PAYMENT** (check all that apply)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

**Small Entity Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

**Total Claims**

**Extra Claims Fee (\$)**

**Fee Paid (\$)**

**Multiple Dependent Claims**

**Fee (\$)** **Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**

**Extra Claims Fee (\$)**

**Fee Paid (\$)**

**Multiple Dependent Claims**

**Fee (\$)** **Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**Fee Paid (\$)**

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fee Paid (\$)**

Other (e.g., late filing surcharge): Petition for Extension of Time for two months

\$450.00

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent) 41,541

Telephone (703) 519-9801

Name (Print/Type) Terry W. Kramer

Date December 4, 2006

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PTO/SB/17 (01-06)

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

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Multiple dependent claims

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## Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = _____	_____ x _____ = _____	

## Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = _____	_____ x _____ = _____		

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____	

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Other (e.g., late filing surcharge): Petition for Extension of Time for two months

Fees Paid (\$)

\$450.00

## SUBMITTED BY

Signature

Terry W. Kramer

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Name (Print/Type)

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